



At St. Cloud Foot & Ankle Center, we believe that all patients who are rendered care at this office deserve the best medical care that can be provided. For us to provide you with the highest quality medical care and current technology, we must ensure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this Agreement regarding our financial policy and your agreement to pay for services provided. Please sign and date this Agreement on the last page to indicate you accept these terms.

Insurance

If you have insurance, we will do our best to help you receive your maximum benefits. Insurance is a contract between you and your insurance company. We are not a party to this contract. We will file insurance claims with your insurance carrier(s) if you provide us with all the necessary information. Our office will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than supply information as necessary. You are responsible for the items listed above as well as any services considered "not medically necessary" by your insurance company. You are required to notify us immediately of any changes in your insurance coverage. It is your responsibility to ensure we receive current and valid insurance coverage at each visit. We will request to see your current insurance card and photo identification at every visit so that we may bill the insurance company in a timely fashion. It will be reviewed or copied every time you are here for a visit, no matter how frequently you are seen.

Payment at Time of Service, Fees, and Collections

We will collect the copayment indicated on your insurance card at the time of your office visit. You are responsible for payment of any deductibles and co-insurance. St. Cloud Foot & Ankle Center, is required in accordance with its contract with your insurer to collect from you deductibles and copayments. We will determine your copay and how much of your yearly deductible under your policy has been met for the year. If a claim is rejected because your insurance does not cover the type of service rendered, you will be held responsible for the outstanding balance. It is your responsibility to understand your insurance coverage. If your insurance does not cover the cost of your visit or procedure, you will be responsible for the charges for all services rendered.

Payment Options

Our office accepts most credit and debit cards. Our office also accepts valid check or cash. There will be a \$50 fee for all returned checks. Once we have a returned check for you, we may require that all future payments be with cash, money order, cashier's check or credit card. If you wish to pay cash, you will always be provided with a receipt so that you will have a record of your payment. Please make us aware if you are not provided a receipt.

Uninsured/Self-pay

We offer a discount to all self-pay patients to be paid in full at time of service. Payment is expected at each visit. St. Cloud Foot & Ankle Center will collect **\$250.00** at the time of check in. For new patients, St Cloud Foot & Ankle Center will collect your credit/debit card information when scheduling your initial appointment. If this appointment is missed and/or not rescheduled at least 24 hours prior to the time of the appointment your credit/debit card will be charged the **\$250.00** new patient fee. All other ancillary, treatment and future care will be reviewed with you to make arrangements for payment. St. Cloud Foot & Ankle Center, reserves the right to terminate any patient with more than two no-show appointments upon 30 days written notice to the patient to seek medical help from another practice.

Missed Visits/Late for Appointment

We understand that you may not be able to keep all your scheduled appointments or might occasionally be late. Please understand that missed appointments have a detrimental impact on our practice and other patients. They also affect our ability to serve other patients in need of medical care. We understand there may be inclement weather or other circumstances that may require you to cancel your appointment. If you are running late on the day of your appointment due to unforeseen circumstances, please contact our office immediately so that we can determine whether we can see you that day or if we will need to reschedule your appointment. If you are more than 15 minutes late for an appointment, St. Cloud Foot & Ankle Center, may reschedule your appointment and refuse to see you at the originally scheduled time.

I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I have read and understand the financial policy of St. Cloud Foot & Ankle Center, and I agree to abide by its terms. This financial policy is binding upon you and your estate, executors and/or administrators, if applicable.